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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 21-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages



October 29, 2021

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Re: Connecticut State Plan Amendment (SPA) 21-0004

Dear Commissioner Gifford:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 21-0004. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Connecticut also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Connecticut also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 21-0004 is approved effective March 1, 2020.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Marie DiMartino at 617-565-9157 or by email at Marie.Dimartino@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Massachusetts and the health care community.

Sincerely,

**Alissa M.
Deboy -S**

Digitally signed by Alissa
M. Deboy -S
Date: 2021.10.29
08:08 53 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

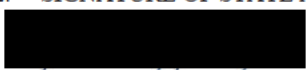
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0004	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: March 1, 2020	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Sections 1135 and 1905(a) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$46.6 million b. FFY 2022 \$3.9 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7.4-A, Pages 1-2, 7, 10-11, 15-16	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Section 7.4-A, Pages 1-2, 7, 10-11, 15-16

10. SUBJECT OF AMENDMENT: This COVID-19 disaster relief SPA makes the following temporary changes to the state's Medicaid program to respond to the national emergency and public health emergency: (1) effective December 11, 2020, this SPA: (A) implements coverage of COVID-19 vaccine administration when provided by pharmacists, pharmacy interns, and pharmacy technicians, to the extent authorized pursuant to the PREP Act and (B) establishes reimbursement for COVID-19 vaccine administration at 100% of the Medicare rate for the pharmacy providers referenced above and on the applicable fee schedules (physician, home health agency, hospice, medical clinic, dialysis clinic, and family planning clinic); (2) effective from January 1, 2021 through February 28, 2021, implements a 2% rate increase for chronic disease hospitals; (3) effective from January 1, 2021 through February 28, 2021, implements a 5% rate increase for nursing homes and effective from March 1, 2021 through March 31, 2021, implements a 10% rate increase for nursing homes; and (4) clarifying language effective March 1, 2020 that (A) the coverage flexibility for laboratory services under 42 CFR 440.30(d) does not include self-collected COVID-19 tests for home use and (B) each laboratory testing code is priced at 100% of the applicable Medicare rate that is in effect on the date of service.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Deidre S. Gifford, MD, MPH	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 30, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2021	18. DATE APPROVED: October 29, 2021
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy -S Date: 2021.10.29 08:09:17 -04'00'</small>
21. TYPED NAME: Alissa Mooney DeBoy	22. TITLE: On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

23. REMARKS: Pen and Ink changes to box 8, 9 and 10 approved by state on 10/26/21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut**Section 7 – General Provisions****7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

Except as where a shorter period is specifically identified below within each specific section, all other provisions of this Section 7.4-A below apply from March 1, 2020 through the termination of the public health emergency, including any extensions.

As detailed in sections D.2, E.1, and E.4 below, coverage and rates for specified COVID-19 vaccine administration (and administration of other specified vaccines) are in effect from December 11, 2020 through the termination of the public health emergency, including any extensions.

As detailed in section E.2 below: (1) the rate increase for inpatient hospital COVID-19 admissions is in effect from April 1, 2020 through June 30, 2020; (2) the rate increase for private intermediate care facilities for individuals with intellectual disabilities is in effect from April 1, 2020 through June 30, 2020; (3) the rate increases for nursing facilities are as follows: (i) increase in effect from March 1, 2020 through April 30, 2020; (ii) increase in effect from January 1, 2021 through February 28, 2021; and (iii) increase in effect from March 1, 2021 through March 31, 2021; (4) the rate increase for home health aide services provided by home health agencies is in effect from September 1, 2020 through October 31, 2020; and (5) the rate increase for chronic disease hospitals is in effect from January 1, 2021 through February 28, 2021.

As detailed in section E.3 below, the separate codes for behavioral health services delivered via audio-only telephone are in effect from March 18, 2020 through May 6, 2020.

TN: 21-0004
Supersedes TN: 20-0021

Approval Date: 10/29/21
Effective Date: December 11, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c. X Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in Connecticut's Medicaid state plan, as described below:

Please describe the modifications to the timeline.

Tribal notice will be submitted not later than ten business days after this SPA is submitted to CMS.

Section A – Eligibility

1. X The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

COVID-19 Testing Group: The state elects to cover all uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March 18, 2020.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
 - a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)
Income standard: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

c. Coverage Changes to Add Flexibility for Home Health Services: Modify the following requirement for all services in the home health benefit category at 42 CFR 440.70 (including home health and medical equipment, supplies and appliances):

1. Consistent with the recent revision to 42 CFR 440.70, enable nurse practitioners and clinical nurse specialists (who must also be licensed as advance practice registered nurses (APRNs)) and physician assistants to issue orders and certification for home health services and to be able to perform and document the face-to-face encounter, in addition to physicians.

d. Coverage Changes to Add Flexibility for Laboratory Services (Location and Practitioner Order): Pursuant to 42 CFR 440.30(d), the state covers laboratory tests that do not meet one or more conditions specified in 42 CFR 440.30(a) and (b).

e. Coverage Changes to Add Flexibility for Specialized Add-on Services Provided to Certain Nursing Facility Residents: Individual and group day services provided as specialized add-on services to qualifying individuals may be provided by the community-based provider in any appropriate setting, including the individual's nursing facility.

f. Coverage Changes to Add COVID-19 Vaccine Administration and Administration of Other Specified Vaccines by Pharmacists, Pharmacy Interns, and Pharmacy Technicians: Add the following to the Other Licensed Practitioner Benefit Category (section 1905(a)(6)): Effective December 11, 2020, COVID-19 vaccines may be administered by licensed pharmacists and by pharmacy interns and pharmacy technicians working under the direction of a licensed pharmacist (all of which is billed by an enrolled pharmacy authorized to bill for the services of such practitioners), within their respective scopes of practice as modified by and in accordance with the HHS Public Readiness and Emergency Preparedness (PREP) Act Declaration and authorizations.

1. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewide requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).
2. Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

3. The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe. Any provisions of Attachments 3.1-A and 3.1-B that would otherwise preclude coverage of telehealth are suspended for the duration of the public health emergency.

TN: 21-0004
Supersedes TN: 20-0015

Approval Date: 10/29/21
Effective Date: March 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd

87635	3/13/20	DC, MC, FPC	U0001	3/13/20	DC, MC, FPC
U0002	3/13/20	DC, MC, FPC	U0003	4/14/20	FPC
<i>Laboratory Fee Schedule Effective Dates:</i>					
<u>Code</u>	<u>Effective Date</u>				
87635	3/13/2020	86328	3/13/2020	86769	3/13/2020
U0003	4/14/2020	U0004	4/14/2020	U0001	3/13/2020
U0002	3/13/2020	87426	6/25/2020		
Effective March 1, 2020, each COVID-19 laboratory testing code is priced at 100% of the applicable Medicare rate in effect on the date of service.					
<u>COVID-19 Vaccine Administration by Pharmacists, Pharmacy Interns, and Pharmacy Technicians (Other Licensed Practitioner Benefit Category) and Other Specified Vaccines and COVID-19 Vaccine Administration by Outpatient Hospitals:</u> Effective December 11, 2020, administration of the COVID-19 vaccine by authorized licensed pharmacists (and pharmacy interns and pharmacy technicians working under the direction of a licensed pharmacist) is paid at 100% of the applicable Medicare rate (billed by and paid to an enrolled pharmacy that is authorized to bill for such individuals' services). Any additional codes for administration of the COVID-19 vaccine that may be added in the future by Medicare will be added at the same effective date as Medicare and at 100% of the Medicare rate.					
These changes are effective until the end of the public health emergency, including any extensions.					

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Please list all that apply. The rate increases are based on a different methodology for each category of service, which is described further below under the applicable provision.

- a. Inpatient Hospital Services
- b. Private Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs)
- c. Nursing Facility Services
- d. Home Health Aide Services
- e. Chronic Disease Hospital Services

- a. Payment increases are targeted based on the following criteria:

Please describe criteria.
Inpatient Hospital Services: Effective for discharges from April 1, 2020 through June 30, 2020 or upon termination of the public health emergency, whichever comes first, the base payment for inpatient hospital discharges paid under the diagnosis-related group (DRG) methodology will be increased by 20% for every discharge in which the individual has a diagnosis code specific for COVID-19 on the claim (currently, ICD-10 code U07.1).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut

Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd

b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –
Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Private ICF/IIDs: Private ICF/IID rates will be increased by \$49.10 per day (which is an average increase of 10%) for each facility effective from April 1, 2020 through June 30, 2020 or upon termination of the public health emergency, whichever comes first. Increases are for costs associated with the public health emergency, such as staffing and personal protective equipment (PPE), new costs related to screening of visitors, and cleaning and housekeeping supplies.

Nursing Facilities: Increases are for costs associated with the public health emergency, such as staffing and PPE. Nursing facility rates are increased by:

(1) 10% for all homes effective from March 1, 2020 through April 30, 2020.

(2) 5% for all homes effective from January 1, 2021 through February 28, 2021.

(3) 10% for all homes effective from March 1, 2021 through March 31, 2021.

Home Health Aide Services: The rates for home health aide services provided by home health agencies (codes T1004 and T1021) are increased by 2.3% from September 1, 2020 through October 31, 2020.

Chronic Disease Hospitals: The rates for freestanding chronic disease hospitals are increased by 2% from January 1, 2021 through February 28, 2021.

Payment for services delivered via telehealth:

TN: 21-0004
Supersedes TN: 20-0021

Approval Date: 10/29/21
Effective Date: December 11, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*

CMI), private non-medical institution services (PNMI) for adults, Department of Mental Health and Addiction Services' publicly operated behavioral health clinics and outpatient hospitals, rehabilitation services delivered in residential treatment settings pursuant to EPSDT, and TCM for individuals with intellectual disabilities (TCM-IID). In addition, only one RMTS will be conducted in PNMI for adults (where two time studies are otherwise required each SFY).

f. Payment Methodology for COVID-19 Vaccine Administration: Effective December 11, 2020, payment for administration of the COVID-19 vaccine is added at 100% of the Medicare rate to the following fee schedules: physician (when provided by physicians, nurse practitioners, physician assistants, and certified nurse-midwives and for this service, all of those practitioners will be paid at 100% of the fee on the physician fee schedule), home health agency (regardless of whether the beneficiary is otherwise receiving home health services), hospice agency (regardless of whether the beneficiary is otherwise receiving hospice services), medical clinic, dialysis clinic, and family planning clinic. Any additional codes for administration of the COVID-19 vaccine that may be added in the future by Medicare will be added at the same effective date as Medicare and at 100% of the Medicare rate. In accordance with section 2 of Attachment 4.19-B, COVID-19 vaccine administration by a federally qualified health center (FQHC) is included as part of the FQHC's standard medical encounter rate. In accordance with section 2 of Attachment 4.19-B, COVID-19 vaccine administration by an outpatient hospital is paid as part of the state's Outpatient Prospective Payment System (OPPS) using the Ambulatory Payment Classification (APC) payment methodology, as specified on Addendum B.

Section F – Post-Eligibility Treatment of Income

1. ____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ____ The individual's total income
 - b. ____ 300 percent of the SSI federal benefit rate
 - c. ____ Other reasonable amount: _____
2. ____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

TN: 21-0004
Supersedes TN: 20-0015

Approval Date: 10/29/21
Effective Date: December 11, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Connecticut*Section 7.4-A. Medicaid Disaster Relief for the COVID-19 National Emergency, Cont'd*PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.